

CITY OF CARLSBAD
TRANSIENT OCCUPANCY TAX
CARLSBAD TOURISM BUSINESS IMPROVEMENT DISTRICT RETURN
CARLSBAD GOLF LODGING BUSINESS IMPROVEMENT DISTRICT RETURN

NAME OF BUSINESS:
BUSINESS ADDRESS:
MAILING ADDRESS:
EMAIL ADDRESS:
MONTH ENDED:

1. NUMBER OF AVAILABLE ROOMS
FOR THE MONTH OF: _____

2. NUMBER OF TRANSIENT OCCUPIED ROOMS
FOR THE MONTH OF: _____

3. TRANSIENT RENT RECEIPTS
FOR THE MONTH OF: _____

4. CTBID ASSESSMENT (multiply line 2 by \$1.00):

5. CGLBID ASSESSMENT (multiply line 2 by \$2.00): *Note this is an optional BID. **Check if part of the CGLBID.***

6. TRANSIENT TAX (multiply line 3 by 10%)

7. PENALTY (10% if payment is made after due date):
(Enter manually if applicable)

8. PENALTY (10% for delinquency beyond 30 days):
(Enter manually if applicable)

9. INTEREST (1.5% per month from date of delinquency):
(Enter manually if applicable)

10. TOTAL BALANCE DUE (line 4 through line 9)

I hereby certify that this return has been examined by me and to the best of my knowledge and belief it is a true, correct and complete statement made in compliance with the provisions of the Carlsbad Municipal Code.

Print Name & Title: _____

Signature: _____

Date: _____ Telephone: _____